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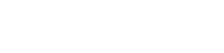
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SAN01-NP001 Attorney Docket Number **DECLARATION FOR UTILITY OR** SAN ANTONIO, James D. First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** 02/02/2000 Filing Date □ Declaration □ Declaration OR Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial **Examiner Name** Filing required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the existent &	int and calcinuates (if eat	. and name is listed below	Nacan esisiaal fi	mt and joint inventor (if plural						
names are listed below) of	irst and sole inventor (if only the subject matter which is o	one name is listed below claimed and for which a pa	atent is sought on	rst and joint inventor (if plural the invention entitled:						
Peptides Modulat	ing Activities of H	leparin, Other G	lycosamino	glycans or						
Proteoglycans										
is attached hereto	(Title	e of the Invention)								
OR		•								
was filed on (MM/DE)/////)	as Unite	ed States Applica	tion Number or PCT International						
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have rev		· ·		n, including the claims, as						
amended by any amendmer	nt specifically referred to abo	ove.		.,						
I acknowledge the duty to di	sclose information which is	material to patentability as	defined in 37 CF	R 1.56.						
				•						
I hereby claim foreign priority	y benefits under 35 U.S.C.	119(a)-(d) or 365(b) of a	any foreign applic	ation(s) for patent or inventor's other than the United States of						
America, listed below and have or of any PCT international ap	e also identified below by a	checking the box, any fore	eion application fo	r patent or inventor's certificate.						
or or any PCT international ap	plication having a tiling date	s before that of the applica	ation on which pik	only is dailled.						
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attac										
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
			ا پا							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date	e (MM/DD/YYYY)								
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60/118,276	02/02/1999			SB/02B attached hereto.						

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ Customer Number Or Bar Code Customer Number Or Bar Code Customer Number Or Bar Code Customer Or Ba							ress below							
Name	Cliffor	d Kent Weber, Esq.												
Address	Thoma	as Jefferson University - Office of University Counsel												
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City	Philad	lelphia -					_	tate	PA		ZIP		7-5587	
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Name of S	ole or F	First Invento	or:					A petit	ion has	s been	filed fo	r this u	ınsigned inve	entor
Given Name (first and middle [if any])						Family Name or Surname								
James D.						San Antonio								
Inventor's Signature		James & Sunlantie				Ju	Date 2/					2/2/00		
Residence: City Media		Sta	te	PA	c	ountry			ed States of America		Citizenship	US		
Post Office A	Address	641 Farnum	n Road				_							
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of 1__

Name of Additional Joint Inventor, if any:								rentor		
Given Na	me (first and middle (if any		Family Name or Sumame							
Angela				VERRECHIO						
Inventor's Signature	Date									
Residence: City	Brighton	State	MA		Country	USA		Citizens		JSA
Post Office Address	24 Sidlaw Road, Apt. 7									
Post Office Address										
City	Brighton	State	MA		ZIP 0	2345	Countr	USA		
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	ed for th	nis unsigr	ned inv	entor
Given Name (first and middle [if any]) Family Name or Surname										
Barbara P. SCHICK										
Inventor's Signature	Sarkera Delick				2/2/0 ₀					
Residence: City	Merion Station	State	PA		Country	USA		Citizer	nship	USA
Post Office Address	221 Welsh Terrace									
Post Office Address										
City	Merion Station	State	PA		ZIP	19066	Cour	itry U	SA	
Name of Addition	nal Joint Inventor, if ar	ny:			A petitio	n has been file	ed for th	is unsign	ed inv	entor
Given Nar	me (first and middle [if any	·])				Family Na	me or S	Surname		
Inventor's Signature								Dat	te	
Residence: City	!	State			Country			Citizen	nship	
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